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Delaware State Board of Nursing – Advanced Practice Nursing Committee

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Increasing APRN Practice to Bridge Gaps in Healthcare

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Advanced Practice Registered Nurses (APRNs) have expanded in numbers and capabilities over the past several decades and are highly valued as an integral part of the health care system. Currently 20 States have independent practice authority for APRNs and 15 others are moving forward with introduction of legislation over the next few months. Adoption of the Consensus Model is a key component of this and is an exciting opportunity for APRNs in Delaware.

The goal of the Consensus Model is to standardize licensure, accreditation, credentialing, and education of the (APRN) nationwide, thereby protecting public safety and improving access to healthcare for patients (NCSBN, 2012). Delaware law requires an APRN to have a collaborative practice agreement to practice as an APRN. However, this requirement negatively impacts APRNs' scope of practice and thus limits access to healthcare providers for individuals in need of healthcare in Delaware.

In one-third of the United States, Nurse Practitioners (NPs) are licensed to practice to the full extent of their education, skills and training. Evidence confirms that NPs in these States do so safely and effectively (Fairman et al, 2011). The other two-thirds of the states impose legal restrictions on NPs'

practice that prohibit them from fully using their demonstrated ability to provide a wide range of primary and specialized healthcare services for patients. According to the Institute of Medicine (IOM), states with greater restrictions on NP practice did not demonstrate improved quality of healthcare services (Institute of Medicine, 2012).

In Delaware the number of APRNs grew by 14% from May 2011 to May 2013. Nationally, between the mid-1990s and the mid-2000s,



the number of APRNs per capita grew an average of more than 9% annually compared with just 1%

for the primary care physicians. It is estimated that by 2020 there will be shortage of 45,000 primary care physicians. APRNs will play an important role in filling the gap between supply and demand for primary healthcare providers for patients in Delaware (USDHSS, 2008).

More APRNs practice in states that allow independent practice than in states with restrictive practice laws. Reports suggest APRNs tend to move from more restrictive states to less restrictive states with a resulting loss of access to care for patients in restrictive states (Fairman et al, 2011). With predicted future physician shortages, elimination of restrictions to APRNs' scope of practice in Delaware will encourage APRNs to remain in Delaware. This can help improve

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the number of APRNs working in Delaware and provide an APRN workforce to help meet the healthcare needs of people in Delaware's health professional shortage areas.

There are approximately 5,900 designated health professional shortage areas (HPSAs) in the United States. The HPSA designations are based on a physician to population ratio of 1:3,500. Applying this formula, it would take approximately 7,550 additional primary care physicians to eliminate the current primary care HPSA designations. Furthermore, primary care needs of an individual community will vary by a number of factors such as the age of the community's population. The formula for HPSAs also does not take into account the availability of additional primary care services provided by APRNs in a geographic area. Other sources that describe primary care supply use other ratios; for example, a ratio of 1 physician to 2,000 population (HRSA, 2013). To meet this ratio, approximately 16,000 more primary care physicians would need to be added to the current supply in HPSAs.

Delaware has a critical shortage of physicians with two of its three counties: Sussex and Kent Counties are designated as rural HPSAs. In addition, a significant portion of New Castle County is also designated as a HPSA (HRSA, 2013). This shortage of physicians working in rural and underserved areas is unlikely to improve in the near future, since one-quarter of primary care physicians in Delaware are 55 years or older and nearing retirement. New replacement physicians are not the answer since nationally only 3% of medical school students indicated that they planned to practice in a rural area or small town (Thomas Jefferson University, 2013).

The predicated shortage of physician services is most likely to have a greater impact on Medicaid recipients due to limited physician practice locations in rural, low socioeconomic communities, as well as low physician

participation in state Medicaid programs. Since APRNs are more likely to practice in rural, underserved areas and to care for Medicaid beneficiaries, APRNs will play an important role in balancing the supply and demand for health care services for Medicaid populations (Kaiser Commission, 2011).

The APRN Consensus Model provides a mechanism for protecting public safety and improving access to quality healthcare for patients in all geographic locations in Delaware. The adoption of the APRN Consensus model allows the growing number of APRNs in Delaware to practice to their full potential as APRNs and thus provide needed healthcare for people throughout Delaware.

The APN committee can be reached by contacting the Delaware State Board of Nursing at:

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APN Committee Meetings Join the Dialog!

Dates locations and times for APN Committee meetings are posted on the following website:
<http://egov.delaware.gov/pmc/#agency45>

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